FORM	4
Check this box	if no

longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

I	OMB APPROVAL							
	OMB	3235						
	Number:	0287						
	Expires: Noven	nber 30 2011						
	Estimated avera							
	burden hours pe	er						
	response	0.5						

(9-02)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)												
1. Name and Address ALLEN CORINN		Symbol	2. Issuer Name and Ticker or Symbol CYTODYN INC [CYDY]			ing		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner				
227 E PALACE A	First) (Middle) AVE, STE M	(Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 06/22/2007						X_ Officer (give title Other (specify below) below) Vice President			
(SANTA FE, NM								6. Individual or Joint/Group Filing(Check Applicable Line) -X. Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)	Table I - I	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·	3. Transact Code (Instr. 8	te Disposed of (D)		D)	Securities Ownership of Beneficially Owned Form: Be		 Nature of Indirect Beneficial Ownership 			
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)		
Common Stock	06/22/2007	06/22/2007	Р		1,000	A	\$ 0.60	1,574,521	D			
Common Stock	06/22/2007	06/22/2007	Р		1,000	А	\$ 0.65	1,575,521	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactic	on N	lumbo	er	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	Deriva	tive			Securities (1		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	ecurit	ties			(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security				A	Acquir	red		4)			0	Direct (D)		
					()	(A) or						Reported	or Indirect		
					D	Disposed							Transaction(s)	(I)	
						f (D)							(Instr. 4)	(Instr. 4)	
						Instr.									
					4	4, and 5)									
											Amount				
								Date	Evaination		or				
								Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code V	V (.	A) ((D)				Shares				

Reporting Owners

Bon outing Orun on Nome / Adduced	Relationships							
Reporting Owner Name / Address		10% Owner	Officer	Other				
ALLEN CORINNE E 227 E PALACE AVE STE M SANTA FE, NM 87501	X	Х	Vice President					

Signatures

/s/ Corinne E. Allen	06/27/2007
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.